

Promoting Wellness Across the Nation

The State of Health & Wellness in Academic Institutions with an Emphasis on Mental Health and Best Practices

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Time for Audience Participation!




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From a Small Coal Mining Town to Buckeye Nation: My Story




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HEALTH POLICY BRIEF | WWW.HEALTHAFFAIRS.ORG

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Health Policy Brief

NOVEMBER 9, 2016

Enforcing Mental Health Parity. Five years after the Mental Health Parity and Addiction Equity Act took effect, access to equal benefits and qualified providers remains elusive for many insured Americans.



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AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

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Mental Disorders Top The List Of The Most Costly Conditions In The United States: \$201 Billion


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Abstract

Estimates of annual health spending for a comprehensive set of medical conditions are presented for the entire US population and with totals benchmarked to the National Health Expenditure Accounts. In 2013 mental disorders topped the list of most costly conditions, with spending at \$201 billion.

[List of Health Care](#) | [Health Economics](#) | [Health Services](#)

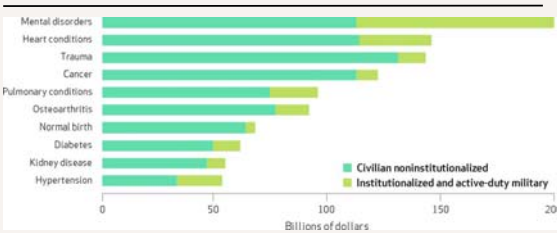
The National Health Expenditure Accounts (NHEA), maintained by the Centers for Medicare and Medicaid Services, provide official estimates of annual health spending in the United States. The NHEA covers spending by the entire US population broken out by type of service and source of payment, but not by medical condition. For many years the Agency for Healthcare Research and Quality (AHRQ) has produced estimates of spending by medical condition from its Medical Expenditure Panel Survey (MEPS), but they are limited to the civilian noninstitutionalized population and include double counting spending that involves multiple conditions.¹ The Commerce Department's Bureau of Economic Analysis recently released the Health Care Satellite Account which promises to be an ongoing source of spending by medical condition, without double counting, for the civilian noninstitutionalized population.² Estimates of health spending by medical condition for the entire US population, without double counting and benchmarked to the NHEA, were first developed in a 2008 study published in Health Affairs that covered the period 1996-2007.³ This article updates these estimates through 2013, using similar data and methods. The inclusion of institutionalized populations has a significant impact on total spending and brings mental disorders to the top of the list of medical conditions with the highest estimated spending. \$201 billion in 2013 (\$468B in 2015).



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TEN MEDICAL CONDITIONS WITH THE HIGHEST ESTIMATED SPENDING


Exhibit 1



Medical Condition	Civilian noninstitutionalized (Billions of dollars)	Institutionalized and active-duty military (Billions of dollars)
Mental disorders	~110	~100
Heart conditions	~100	~50
Trauma	~100	~50
Cancer	~100	~50
Pulmonary conditions	~100	~50
Osteoarthritis	~100	~50
Normal birth	~100	~50
Diabetes	~100	~50
Kidney disease	~100	~50
Hypertension	~100	~50

SOURCE: Author's analysis of study data. NOTES: Institutionalized populations include nursing home residents, long-term patients in psychiatric hospitals, and prisoners. Trauma is fractures and wounds. Pulmonary conditions include chronic obstructive pulmonary disease, asthma, and other pulmonary diseases.

Charles Roehrig Health Aff 2016;35:1130-1135



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What Does The Evidence Tell Us?

We are a Stressed and Depressed Society!



Depression and stress are poor predictors of health, wellness and academic outcomes.



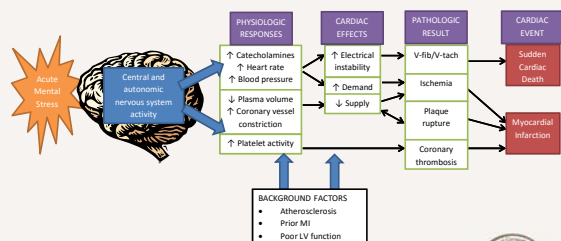
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Stress can be Positive



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The Negative Effects of Stress on the Cardiovascular System



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Self-Care is Key for Great Care of Others



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ACHA **NCHAI**
American College Health Association National College Health Assessment


• Undergraduate

- 51.9% felt overwhelmed by all they had to do within the past 2 weeks
- 13.6% felt so depressed it was difficult to function in the past 2 weeks
- 2.2% seriously considered suicide in the past 2 weeks; 1.6 in past 30 days
- 54% had more than average or tremendous stress over past 12 months

2016 Data




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 American College Health Association **National College Health Assessment**

- **Undergraduate**
 - 62.3% used alcohol in the past 30 days
 - 20% used marijuana in past 30 days
 - 5.1% ate 5 or more servings F/V per day
 - 20.5% exercised moderate intensity 5 days per week (>30 minutes)
 - 29.3% exercised vigorous intensity 3 days per week (>20 minutes)
 - 33.9% considered overweight – obese

2016 Data




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 American College Health Association **National College Health Assessment**

- **Graduate/Professional**
 - 72.5% used alcohol in the past 30 days
 - 11.5% used marijuana in past 30 days
 - 8.6% ate 5 or more servings F/V per day
 - 16.7% exercised moderate intensity 5 days per week (>30 minutes)
 - 24.6% exercised vigorous intensity 3 days per week (>20 minutes)
 - 40.1% considered overweight – obese

2016 Data




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 American College Health Association **National College Health Assessment**

- **Graduate/Professional**
 - 45.1% felt overwhelmed by all they had to do within the past 2 weeks
 - 10.2% felt so depressed it was difficult to function in past 2 weeks
 - 1% seriously considered suicide in past 2 weeks
 - 59.7% more than average or tremendous stress over past 12 months

2016 Data



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The Ohio State Wellness Onboarding Program for Health Sciences Students
Promoting Mental Health and Healthy Lifestyles



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Results for Cohorts 1 & 2


At baseline,

- 41% and 32% had elevated depressive symptoms;
- 28% & 45% had elevated anxiety
- 37% in both cohorts were overweight/obese
- 19% and 12% had elevated cholesterol

***7 of the students reported suicidal ideation on the PHQ-9**

Results


- **Health coaching at least once a week** resulted in healthier lifestyle behaviors and decreases in depressive symptoms and stress



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Key Points!

- USPSTF Recommends Screening for Depression
- Symptoms of stress, anxiety and/or depression **that are interfering with functioning** need immediate attention and intervention
- Get help if the symptoms are interfering with the ability to function!
- Prevention and early intervention are key



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2017 BHAC Summit Wellness Survey

Sample Demographics

85% were from large 4 year institutions
(over 10,000 students)
22% Faculty; 22% Staff
28% Administrators;
28% Health Promotion Professionals

52% reported an on-campus employee health center



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Wellness Culture & Support of Health & Wellness

Individual Items	2015 Mean	2017 Mean
Do you believe your institution has a vested interest in your health and personal wellness?	3.6	4.2
Do you believe your institution has a culture and environment that promotes health and wellness for its faculty, staff, and students?	3.4	3.7
Do you believe the leaders at your institution are actively engaged in promoting and role-modeling health and wellness?	3.0	3.5
Do you think health and wellness programs are readily available to you at your institution?	3.5	4.0
Do you think that the communications you receive about wellness programs, activities, and services are clear?	3.4	3.8
Do you think that it is important for your institution to promote health and wellness for faculty, staff, and students?	4.9	4.9



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Wellness Culture & Support of Health & Wellness

Individual Items	2015 Mean	2017 Mean
Have you found it easy to engage in health and wellness programs and activities at your institution?	3.3	3.9
How satisfied are you with the current wellness programs and services offered at your institution?	3.2	3.6
To what degree does your unit/college support your participation in health and wellness activities and events?	3.7	3.8
To what extent do you believe your institution cares about your health and personal wellness?	3.4	3.9
To what extent do you agree with the statement, "I have a substantially higher overall well-being because of my institution"?	2.7	3.0



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Healthy Lifestyle Beliefs and Behaviors

Healthy Lifestyle Beliefs 96.3
(range 16-112)

Healthy Lifestyle Behaviors 91.6
(range 16-112)

The highest reported healthy lifestyle behaviors were

- Choosing water instead of a sugared beverage
- Saying something positive to family members/friends daily

The lowest reported healthy behaviors reported were

- Not adding salt to my foods
- Eating at least three meals a week with my friends



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The Data on PHAs and Tracking of Outcomes/Scorecards

- Only 60% of respondents said that their institutions offer a personalized health assessment
- Only 22% of respondents reported that their institutions have a wellness scorecard
- Only 37% of respondents reported that their institution tracks faculty/staff health status or health outcome metrics



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Tracking of Outcomes, including ROI, Determines Impact

- **Culture and Environment of Health and Wellness**
 - CDC Worksite Scorecard
 - 11 Item Wellness Culture and Environment Scale (Melnik & Amaya, 2012)
- **Population Lifestyle Behaviors and Health Outcomes**
 - Lifestyle behaviors (e.g., intake of fruits and vegetables; physical activity)
 - Prevalence data to show burden of illness
 - Incidence data to show rate of changes in burden of illness
 - Mental health data (PHQ and GAD-7)
 - Biometric Data (e.g., high blood pressure, high cholesterol, BMI)
 - Engagement in programming
- **Fiscal Health**
 - Per Member Per Year (PMPY) costs of health insurance plans for faculty, staff and students
 - YPAH costs
 - Annual costs of absenteeism, presenteeism, and disability
 - Excess costs associated with obesity, hypertension, prehypertension, diabetes, pre-diabetes, depression and smoking



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Presence of Institutional Policies that Support Health and Wellness

- No smoking/tobacco – 80%
- Seat belt use in company vehicles – 53%
- Lactation – 57%
- Work leave/flex time – 67%
- Drug free workplace – 83%



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The CEO Cancer Gold Standard®

I. Prevention
II. Screening
III. Cancer Clinical Trials
IV. Quality Treatment and Survivorship
V. Health Education and Health Promotion

No-cost, employer-led health and wellness accreditation embraced by leading employers:

Universities play a leading role in building a culture of health in their communities!

Other Academic Gold Standard Accredited Institutions:

University of North Dakota	Minot State University
Harvard T.H. Chan School of Public Health	Quinnipiac University – North Haven
Oregon Health and Science University	North Dakota State College of Science
Texas A&M School of Public Health	Texas Tech University Health Science Center
Texas A&M Health Science Center	

www.cancergoldstandard.org



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Health Screenings Offered to Employees

	2015	2017
Vision Screening	12%	20%
Hearing Screening	15%	17%
Blood pressure screening	47%	62%
Cholesterol screening	41%	42%
Prostate test (PSA)	9%	20%
Pap Smear	6%	17%
Mammography	15%	18%
Colorectal cancer screening	11%	12%
Blood sugar/diabetes test	32%	35%



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Top Reason for Not Engaging in Wellness Programming

- Time

Top Factor that Would Help

- Time/flexible work schedule



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The Time You Have in Jelly Beans



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Top Reasons for Attending the Summit

- Faculty/Staff Wellness education - 68%
- Sharing of best practices - 60%
- Wellness innovation – 58%
- Wellness Activities - 55%
- Networking – 50%

91% of respondents reported interest in participating in BHAC



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Time for Audience Participation!



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**In God We Trust,
Everyone Else Must
Bring Data!**



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Why Must We Accelerate EBP?

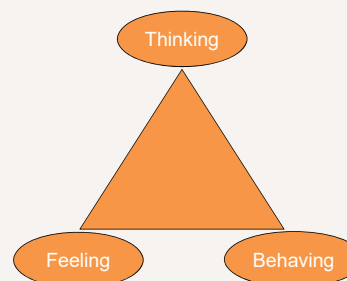
Despite an aggressive research movement, the majority of findings from research often **are not** integrated into practice to improve outcomes

- The gap between the translation of research into practice and policy is huge



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CBT Works for Reducing Depression and Anxiety Yet Few Receive It



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STRESSOR (Antecedent or Activator event)



NEGATIVE THOUGHT TO STOP (Belief)



**REPLACE THE NEGATIVE WITH A POSITIVE
THOUGHT**



POSITIVE EMOTION & BEHAVIOR (Consequence)



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Positive Thoughts



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Talking Positively Works!



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Mindfulness/Staying "In the Present Moment" Works



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Abdominal Breathing Works

Evidence supports just
5 deep breaths reduces
stress and blood pressure



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Guided Imagery Works



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Based on Evidence What Do We Know?

People who have the following behaviors have 66% less diabetes, 45% less heart disease; 45% less back pain, **93% less depression, and 74% less stress**

- **Physical activity**- 30 minutes 5 days per week
- **Healthy eating**- 5 fruits and vegetables per day
- **No smoking**
- **Alcohol in moderation**- 1 drink per day for women, 2 drinks per day for men



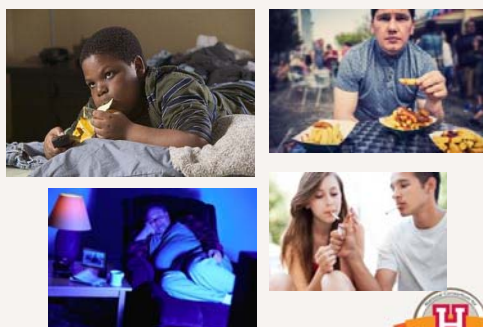
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Engaging in Healthy Lifestyle Behaviors Works!



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Behaviors are the #1 Killer of Americans



THE GREAT CHAIR WORKSHOPS
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6.3

Percent of adults who engage in the 5 leading health behaviors that can reduce the risk of chronic disease. Nearly 83% of health-care spending could be cut if more people employed:

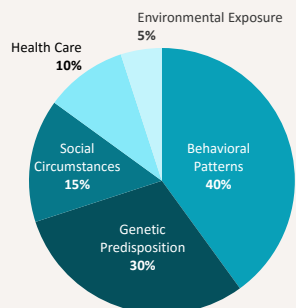
- ❖ Not Smoking
- ❖ Exercising regularly
- ❖ Avoiding alcohol or drink in moderation
- ❖ Maintaining a healthy body weight
- ❖ Getting sufficient sleep

- CDC, 2016

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Contributors to Premature Death



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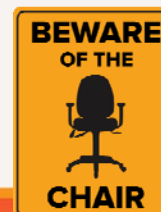
Physical Activity Works!

Physical

Emotional

Mental

Feeling Good!



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Take the Sitting Fact Challenge

- The average U.S. adult spends 34 hours per week watching TV.
- Most of us spend more time sitting (9.3 hours) than sleeping.
- Smokers lose 11 minutes of life per cigarette they smoke.
- For every hour of sitting, we shorten our lives by 22 minutes.
- Epidemiological data from almost one million people links excess sitting leads to 34 chronic diseases and conditions.
- Excess sitting increases the risk of colon, endometrial and lung cancer.

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We Must Turn Sick Care into Well Care

*More Prescriptions for
Physical Activity, Healthy Eating &
Stress Reduction are Needed!*



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30

- It takes only 30 days to break or make a new habit!
- What habit will you make or break in the next 30 days that will enhance your wellbeing?



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What Works Based on the Best Evidence

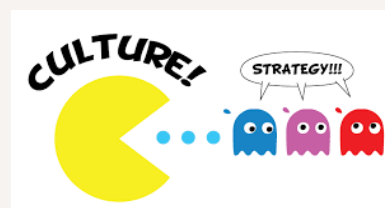
- Comprehensive well designed health promotion programs that are built on a **culture and environment of health and wellness** that support individual efforts at changing lifelong health habits by putting in place policies, programs, benefits, management, and environmental practices that intentionally motivate and sustain health improvement
- Leader and middle manager role modeling and support
- Grass roots wellness initiatives that build a culture of wellness (e.g., wellness ambassadors/ innovators)
- Visual triggers at decision points
- Incentives (stimulate short-term positive outcomes, but not long-term behavior change)
- The more engagement, the better outcomes
- Cultures that make healthy choices the default

In one minute, a 100-pound person burns approximately 100 calories, walking up stairs, and only 1.8 calories eating an olive.



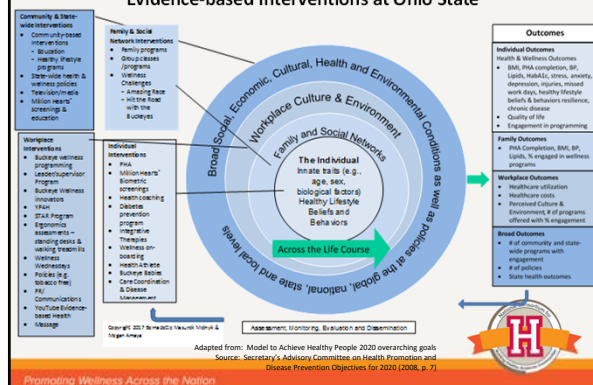
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Culture Eats Strategy for Breakfast, Lunch and Dinner



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The Social-Ecological Framework and Life-Course Perspective Guide Evidence-based Interventions at Ohio State



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Evidence was Translated into Action with the ABCSS

- Appropriate Aspirin Therapy
- Blood Pressure Control
- Cholesterol Management
- Smoking Cessation
- Stress Reduction**



** Ohio State's additional "S"



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Buckeye Wellness Innovators A Culture Force in the Grass Roots

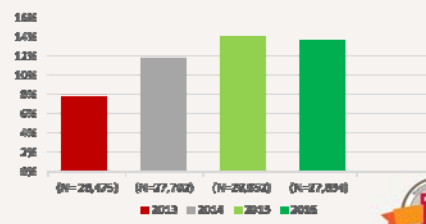
- Total Number:
 - 279 University
 - 210 Medical Center
- Units Represented
 - 52 Academic
 - 100 Medical Center
 - 5 Regional
 - 11 Extension



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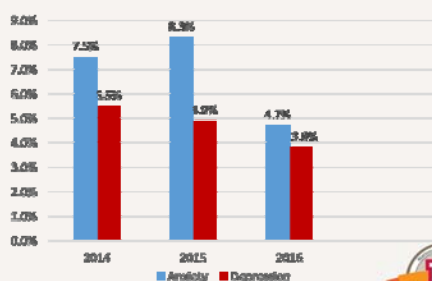
Percentage of Low-Risk Employees According to Framingham Risk Scores

Employees with Five Health Assets
Normal BP, < 200 Cholesterol, HDL, Non-Smoker,
No Prior Diabetes or Coronary Artery Disease



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Percent of OSU Faculty and Staff with Elevated Levels of Anxiety and Depression



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Practice Initiative to Advance Million Hearts®
and become a Million Hearts® Fellow
The Goal: To Educate and Screen 100,000 People
by 2017

See information and access
the free educational
modules at
<https://millionhearts.osu.edu>



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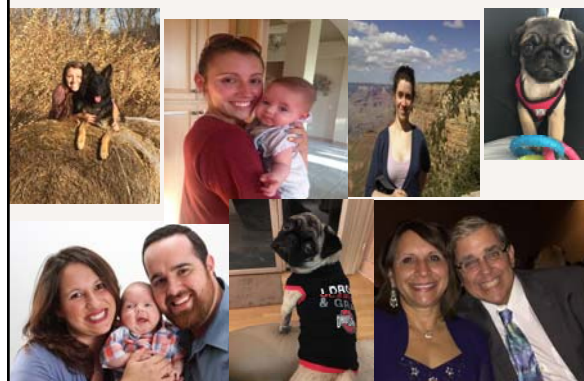
Lou's Story

- From dreams and risk to reality
- People do not typically regret what they did in life, they regret what they did not do
- What makes your heart sing?



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Keep Your Reasons for Change in Focus



Call to Action

- Commit to making or breaking a healthy lifestyle habit in the next 30 days
- Commit to implementing evidence from this summit into practice at your institution in the next 90 days



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Call to Action

Ask yourself:

- What will you do if you know you can not fail in the next 2 to 5 years?
- What is the smallest change based upon best evidence that you will make when you go back to your academic institution that would have the largest positive impact on health and wellness?
- In what way will you get more involved with our NCBHAC to create the healthiest country in the world?



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The Next 5 Years

What can we do together in the next 5 years if we know that we can not fail?

Let's shoot for the moon, even if we miss, we will land amongst the stars

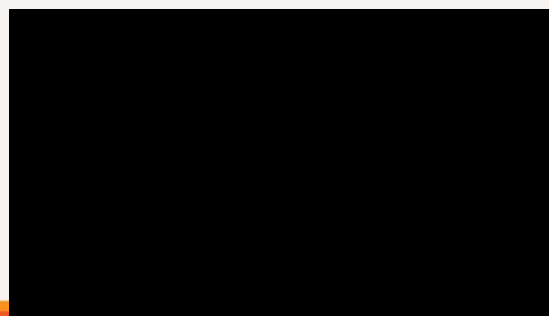
-Les Brown

There Is A Magic In Thinking Big!



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Let's End the 2017 BHAC Summit by Moving and Going Back to Work Next Week with Energy and Enthusiasm!



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